



State of Nebraska

Flexible Spending Accounts

July 1, 2020 Plan Year

Presented by:



ASIFlex and ASI COBRA

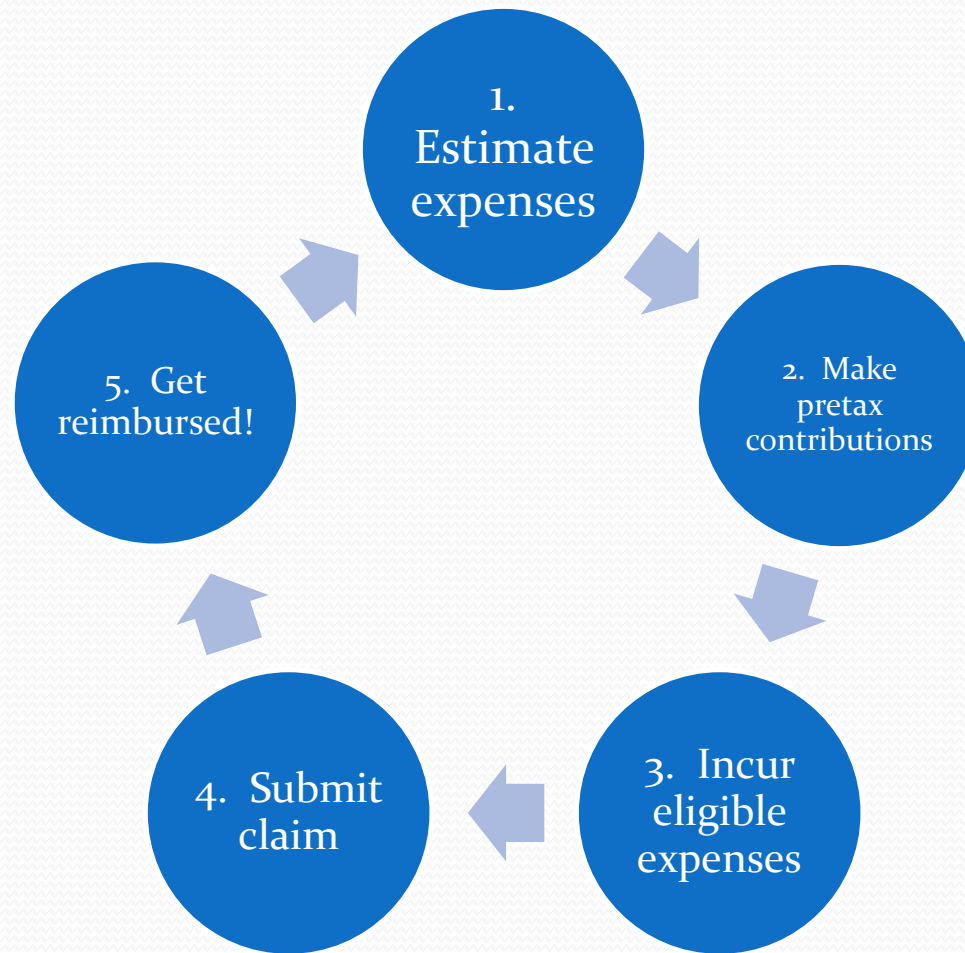
- Columbia, Missouri
- Partners with the State to provide:
 - FSA administration
 - COBRA administration
 - Retiree billing administration
- ASIFlex - asiflex.com
- ASI COBRA - asicobra.com

What are FSAs?

- Flexible Spending Accounts
 - Year-to-year account
 - Set aside pretax dollars
 - Pay for out-of-pocket expenses
 - Two Accounts:
 - Health Care FSA
 - Deductibles, Co-Pays, Office Visits, Dental, Vision
 - Dependent Care FSA
 - Daycare, after-school care, pre-school, nursery school



How does it work?



IRS Regulated FSA Rules



- **Enroll every year** with a new election
- **Spend** all funds during the year
- Expenses must be **incurred** during your period of coverage, or plan year
- Do **not have to be covered** under your employer's health insurance
- Cannot have HSA with State's health care FSA
- Use to pay expense for **spouse and dependent children**
- Election **remains in effect** for the plan year unless you experience a qualified status change
- Can **access all health care funds anytime** during the year
- Funds remaining at year end are **forfeited**

How to avoid forfeitures

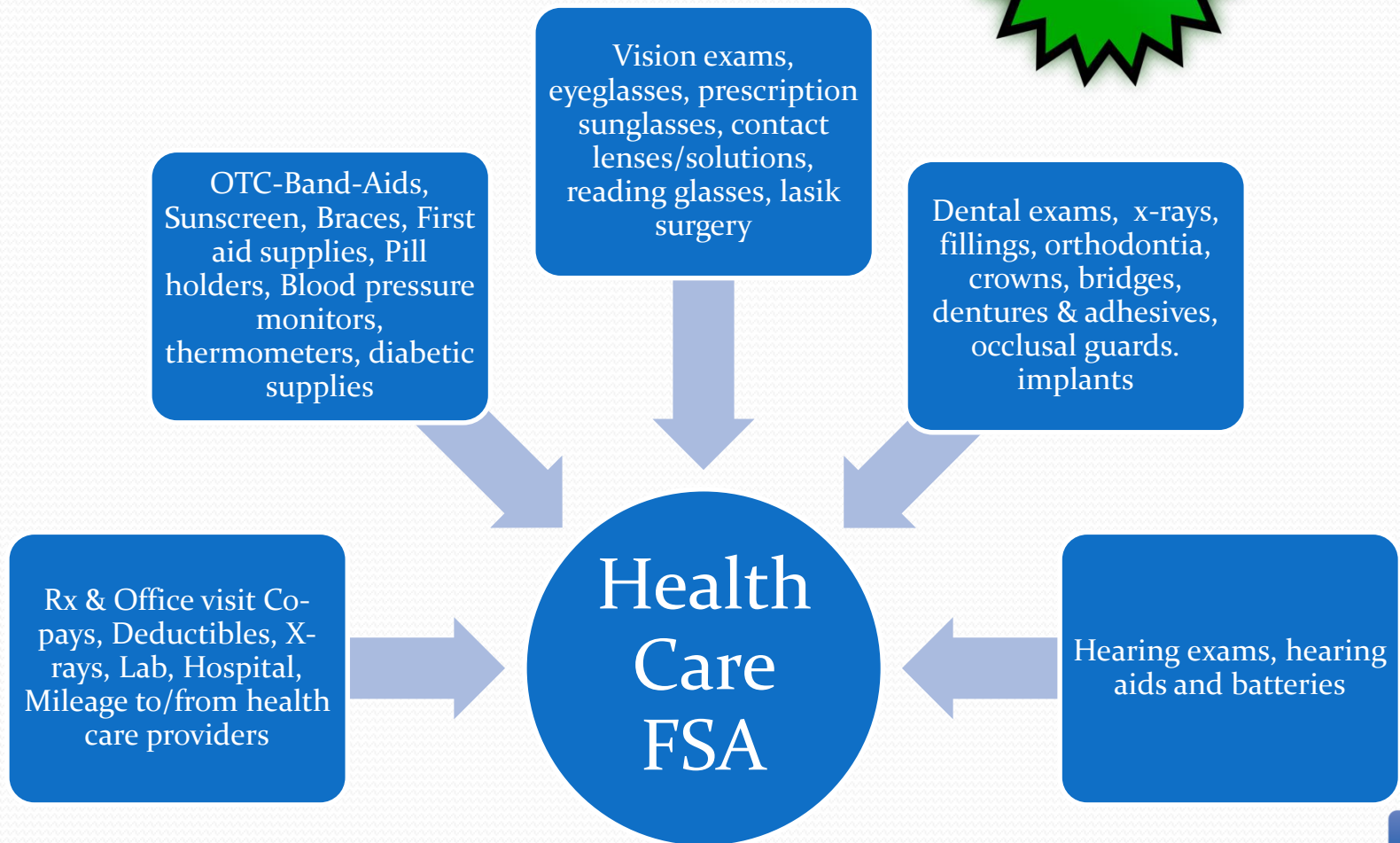
- It's easy!
 - Plan for **predictable and recurring** expenses
 - Expenses you **know** you will have during the year
 - **Review** prior year expenses as a guide
 - Be **conservative**
 - Use online **tools**
 - Expense estimator
 - Eligible expense listing
 - FSASore.com resource for OTC products

Health Care Expenses



Health Care - \$2,750

NEW





Ineligible Health Care Expenses

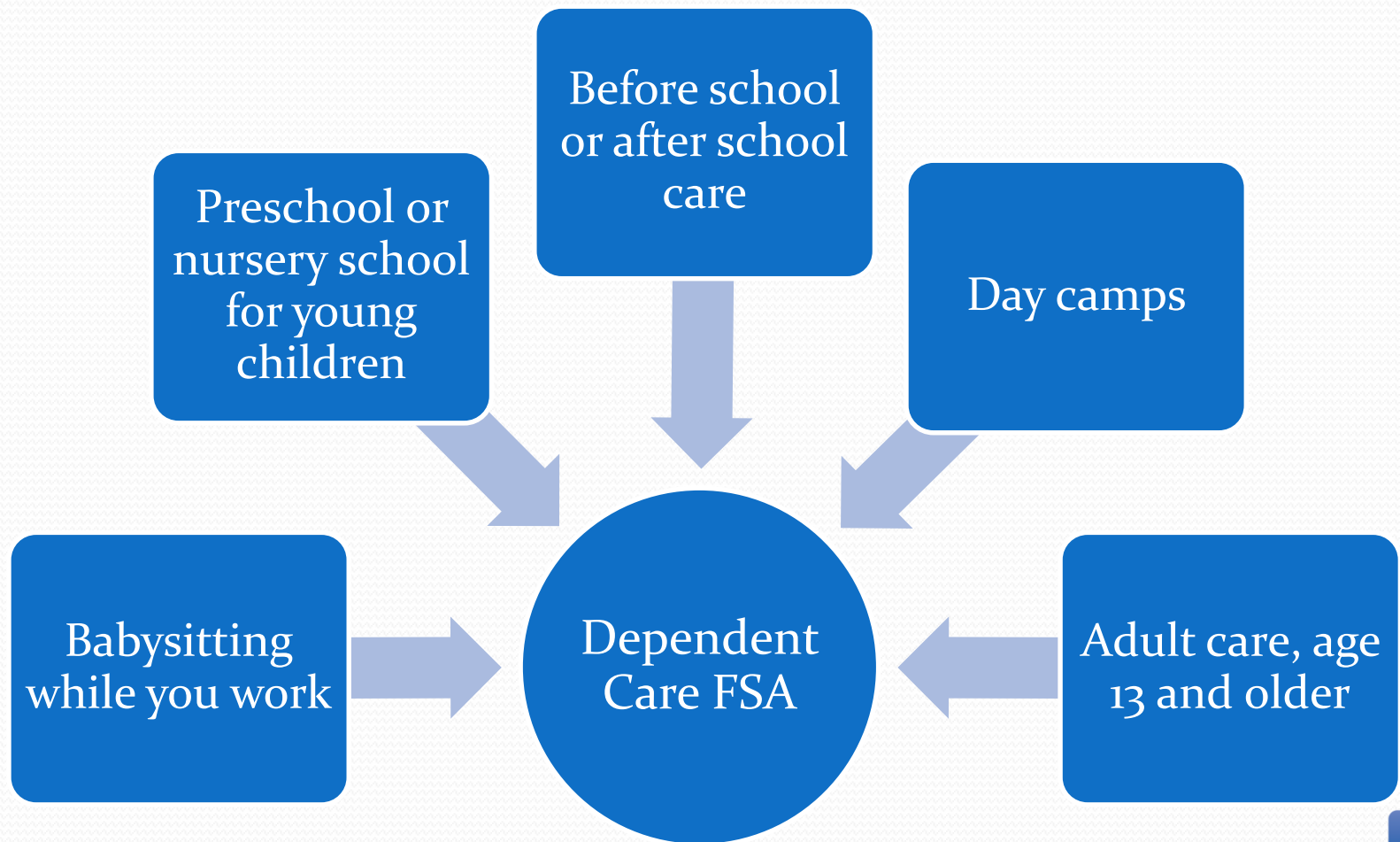
- Services not provided yet; pretreatment estimates
- Cosmetic treatments or medications
- General health and well-being
- Illegal operations
- Expenses paid by insurance
- Diapers, maternity clothes
- Insurance Premiums
- Dancing, swimming lessons
- Holistic, natural remedies, vitamins
- Warranties



Dependent Care Expenses



Dependent Care \$5,000*/calendar year



*\$2,500 if married and filing separate tax returns



Ineligible Dependent Care Expenses

- Services not provided yet
- Educational, tutoring or tuition expenses
 - Kindergarten or higher education
- Expenses to learn a specific skill, e.g., music lessons, swimming classes, dance classes, etc.
- Overnight camp expenses
- Services provided while you are on vacation, holidays, leave-of-absence
- Divorce situations – only expenses incurred by custodial parent
- Expenses in excess of \$5,000 per family per calendar year



Claim Filing Options



Multiple Claim Filing Options



Claim Documentation

| Type of Expense | Documentation Needed |
|-----------------------------|--|
| If covered by insurance | Insurance payer Explanation of Benefits; or itemized statement |
| If not covered by insurance | Itemized statement must include: <ol style="list-style-type: none">1. Provider name/address2. Patient name3. Date of service4. Description of service5. Dollar amount |
| OTC Drugs & Medicines | Physician Rx and itemized merchant receipt |
| OTC Medical Supplies/Items | Itemized merchant receipt |
| Rx | Pharmacy receipt, mail order receipt, printout from pharmacy |

Note: Do not submit cancelled checks, credit card receipts, balance forward or paid on account statements, or pretreatment estimates.



Account Detail

File a claim, review your balance, and
access your account statements.

Follow-up documentation is required for one or more entries below. To provide documentation, please click the link in the Follow-Up Documentation Required column for that entry.

Section 125 Account Detail

S0444906

Plan Year: Jan 1, 2015 thru Dec 31, 2015 ▼

Account Detail: Health Care Reimbursement Account ▼

Last day to file claims is 4/15/2016

Coverage period is 1/1/2015 to 3/16/2015

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[Debit card overview](#)

Debit Card Status is Active

Color Legend

 Follow-up documentation is required for this swipe.

 Follow-up documentation is urgently needed for this swipe. Card is in danger of being suspended.

 Debit card has been suspended. Upload follow-up documentation; once documentation has been processed and approved, your card will be reactivated.

Annual Election: \$1,500.00

Available Funds: **\$1,500.00**

| Process Date | Description | Contributions | Claims | Payments | Earliest Date of Service | Latest Date of Service | Swipe Date | Follow-Up Documentation Required? |
|--------------|-------------|-----------------|--------|----------|--------------------------|------------------------|------------|-----------------------------------|
| 3/18/2015 | Card swipe | \$20.00 | | | | | 3/18/2015 | YES - Urgent |
| 3/13/2015 | | \$28.85 | | | | | | |
| 2/27/2015 | | \$28.85 | | | | | | |
| 2/13/2015 | | \$28.85 | | | | | | |
| 1/30/2015 | | \$28.85 | | | | | | |
| 1/16/2015 | | \$28.85 | | | | | | |
| | | \$144.25 | | | | | | |



www.asiflex.com/debitcards

ASIFlex Wallet Card

CONTACT INFORMATION

asiflex.com | asiflex.com/debitcards
asi@asiflex.com

Phone: 1.800.659.3035

Customer Service Hours:

7 am - 7 pm Mon-Fri and 9 am - 1 pm Sat CT

Fax: 1.877.879.9038

PO Box 6044 | Columbia, MO 65205-6044

Get the ASIFlex Mobile App!

Submit claims and check your balance on-the-go! The app is free!
Available on Google Play or the App Store, or www.asiflex.com!

HEALTH CARE FLEXIBLE SPENDING ACCOUNT (FSA) ASK FOR IT! SHOW THIS CARD TO YOUR PROVIDER!

Each time you use the card, ask the provider for an itemized statement that includes:

1. Provider name and address
2. Patient name
3. Date the service/supply was provided (regardless when paid or billed)
4. Description of the service/supply
5. Dollar amount you owe

IRS regulations require you to provide an itemized statement upon request. Submit online, via the mobile app, by fax, or mail. Also retain a copy with your personal tax records.

Note: Do not send the card terminal receipt, balance-forward or paid-on-account statements; these are not sufficient for IRS documentation.



www.asiflex.com/debitcards



ASIFlex Quick Guide for FSA Debit Card and Online Account Access

www.asiflex.com
www.asiflex.com/debitcards

Health Care Flexible Spending Account

HOW TO ACCESS YOUR BENEFITS

ASIFlex Card

Ask your provider for itemized documentation each time you use the card (see details below)

ASIFlex Mobile App

Check your balance anywhere, anytime
File claims on-the-go
No follow-up documentation needed

Online Claim Filing

Scan your documentation
Log in to your account
Upload documentation to submit claim

Fax or Mail

Complete the claim form in full and sign
Submit with documentation

Manage Your FSA Account at www.asiflex.com

Register to file claims and view your account statement 24/7!

Use the PIN that was sent in your confirmation letter to register. If you do not know your PIN, email asi@asiflex.com to request it.

Account Detail – Know your balance! You can view details of your account including deposits, claims, payments and current account balance.

Read Your Messages – View secure messages sent to you from ASIFlex regarding claim payments or additional documentation that may be needed.

Submit Claims – Just scan your claim documentation, log in to your account and file online for rapid reimbursement!

Update – You can change your user name, security image, security questions or password at any time.

FSA Store – View thousands of over-the-counter health care products eligible under your FSA.

Eligible Expenses – View an extensive listing of eligible/ineligible expenses.

IRS Rules on How to Use the Debit Card – Go to asiflex.com/debitcards.

Filing Claims and Submitting Documentation



There are a variety of ways to submit claims. Choose the one that works for you.

ASIFlex Card – present the card for payment for health care services. Each time you use the card, you must ask the provider for an itemized statement. An itemized statement must include:

1. Provider name/address
2. Patient name
3. Date the service was provided (regardless when paid or billed)
4. Description of the service or health care supply
5. Dollar amount owed

Note: A credit card receipt, cancelled check, paid-on-account statement, or balance-forward statement is not sufficient.

You can also use an Explanation of Benefits (EOB) to document expenses.

What Needs Documentation? What are the timelines?

IRS regulations require you to submit documentation for certain card transactions. The only items that do not require follow-up documentation are:

- Flat dollar copayments under the plan you enrolled in through your employer
- Identified recurring expenses (such as a regular monthly payment to the same provider for the exact same dollar amount)
- Prescriptions or over-the-counter health care products purchased at pharmacies/merchants that identify which products are qualified health care items

Go Green!

Save time, save postage, save trees!

Sign up for Direct Deposit!
You can have payments deposited to your bank account instead of waiting for a check!

Switch from Mail Box to In Box!
Don't risk delayed or lost mail. Sign up to receive email and/or text alerts!

Authorization forms can be found under the Forms Tab at www.asiflex.com.

All other expenses require documentation. ASIFlex will notify you if documentation is required. If you receive a request, provide the itemized statement or the insurance plan's explanation of benefits (EOB) statement. The three requests for documentation are sent by mail or email/text alert as follows:

1. Initial Notice – Sent approximately five days after ASIFlex receives notice of the card transaction
2. Reminder Notice – Sent 21 days after the first request
3. De-activation Notice – Sent 21 days after the reminder notice and card is inactivated, and future claim submissions may be offset by the outstanding amount

You can submit the documentation online through your account, via the mobile app, or by mail or fax. To submit online just follow the online instructions and click on the highlighted claim (see below). If you do not submit the requested documentation, IRS rules require that your card be temporarily de-activated and future claim submissions will be offset by the outstanding amount.

For additional details regarding IRS regulations governing use of the card, visit asiflex.com/debitcards.



Account Detail

File a claim, review your balance, and access your account statements.

Follow-up documentation is required for one or more entries below. To provide documentation, please click the link in the Follow-Up Documentation Required column for that entry.

Section 125 Account Detail \$344.45
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Last day to file claims is 4/15/2016
Coverage period is 1/1/2015 to 3/16/2015
Account Detail: Health Care Reimbursement Account
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Debit Card Status is Active

Color Legend

- Yellow: Follow-up documentation is required for this swipe.
- Red: Follow-up documentation is urgently needed for this swipe. Card is in danger of being suspended.
- Dark Red: Debit card has been suspended. Upload follow-up documentation; once documentation has been processed and approved, your card will be reactivated.

| Annual Election \$1,500.00 | | Available Funds \$5,600.00 | | | |
|----------------------------|-------------|-------------------------------|--------------------------|------------------------|-----------------------------------|
| Process Date | Description | Contributions/Claims/Payments | Earliest Date of Service | Latest Date of Service | Follow-Up Documentation Required? |
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| 1/15/2015 | | \$20.65 | | | |
| 1/15/2015 | | \$144.25 | | | |

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Contact

www.asiflex.com
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asi@asiflex.com

Phone: 1.800.659.3035

Customer Service Hours:
7 am to 7 pm CT Mon-Fri
9 am to 1 pm CT Sat

Fax: 1.877.879.9038

PO Box 6044
Columbia, MO 65205-6044

ASIFlex Mobile App

Don't like paperwork? Try the ASIFlex Mobile App! You can check your balance and file claims on-the-go anytime from anywhere!

Just take a picture of your claim documentation and submit via the mobile app for reimbursement! Unlike the card, there are no requirements to submit follow-up documentation.

The app is free and available on Google Play or the App Store, and at www.asiflex.com



Claim Filing Deadline



- Incurred:
 - 7/1/2020 through 6/30/2021
 - Incurred means that you have actually had the service provided, or that you have secured the product, that gave rise to the expense
 - \$25 check minimum
- Submit Claim by:
 - October 31
 - Don't wait until the last minute

GO GREEN!

- Sign up for email or text alerts!
 - Avoid paper notices and delayed mail
- Have payment sent to your bank
 - Avoid the hassle of paper checks
 - Avoid delayed mail
- File claims with the Mobile App or online
 - It's quick! It's easy! It results in rapid claim payments!
- Have dependent care providers sign claim form!
 - No other document is needed!



Online Resources

www.asiflex.com

- Access your FSA account detail
- Review messages sent to you
- Manage your personal settings
- ASIFlex Card information
- Extensive eligible/ineligible expense listing
- FSASStore - thousands of eligible FSA products
- Frequently Asked Questions
- Expense Estimator & Tax Savings Calculator
- Educational videos
- IRS Forms & Publications



You Call – We Answer!



7 a.m. – 7 p.m. Monday-Friday
9 a.m. – 1 p.m. Saturday



Website

www.asiflex.com

www.asiflex.com/debitcards



E-Mail

asi@asiflex.com



Phone

1.800.659.3035



Address

PO Box 6044
Columbia, MO 65205